MAXIMUS Federal Services

| Case Number: | CM15-0003614 | | |
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| Date Assigned: | 01/14/2015 | Date of Injury: | 05/26/2013 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male who sustained an industrial injury on 5/26/2013. He has reported left elbow, shoulder, arm, wrist and neck pain. The diagnoses have included cervicalgia, displacement of cervical disc, epicondylitis and cubital tunnel syndrome. Treatment to date has included physical therapy and medication management. Magnetic resonance imaging (9/20/2013) of the left elbow showed mild edema to the superficial to medial ulnar collateral ligament and a small amount of fluid and no evidence of epicondylitis-from the Utilization Review. Currently, the IW complains of left elbow pain. Treatment plan included multidisciplinary evaluation of the elbow/forearm.On 12/16/2014, Utilization Review non-certified a multidisciplinary evaluation of the elbow/forearm, noting the injured worker has exhausted all treatments and is not a surgical candidate. The MTUS was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Multidisciplinary evaluation (elbow/forearm):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary evaluation, Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Pain section, multidisciplinary evaluation

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multidisciplinary evaluation elbow and forearm is not medically necessary. Chronic pain programs are recommended when there is access to programs with proven successful outcomes. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; and adequate thorough multidisciplinary evaluation has been made; once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there is documentation that the patient has motivation to change and is willing to change their medication regimen; there should be documentation the injured worker is aware that successful treatment may change compensation and other secondary gains; if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return to work beyond this; total treatment should not generally exceed four weeks (24 days or 160 hours) or the equivalent in part day sessions; etc. In this case, the injured worker's working diagnoses are cervicalgia; displacement of cervical intervertebral disc without myelopathy; epicondylitis; and cubital tunnel syndrome. The documentation shows the injured worker received prior physical therapy in 2013 six visits with minimal improvement. An MRI of left elbow showed no evidence of epicondylitis, mild edema superficial to the medial ulnar collateral ligament and a small amount of elbow fluid. Subjectively, the injured worker has pain in the left arm, left elbow, left shoulder and neck. There is tingling in the hand particularly the ring finger and little fingers and weakness in the left hand and arm. Objectively, there is tenderness the palpation over the left levator scapula and cervical facets. There is no spinous process tenderness or masses palpable longing cervical spine. There is tingling and pain radiating distally and elicited by direct compression of the ulnar nerve at the left elbow. Motor strength is 5/5 bilateral upper 70s. The treating physician wrote "the patient in my opinion has failed on medical treatment options, remains fully impaired and there has been a delay in return to work. There are no surgical options available at this time. Request for multidisciplinary evaluation (elbow/forearm) to further evaluate and quantify the injured worker's functional deficits and determine whether the injured worker is an appropriate candidate for participation in a functional restoration program. The only treatment modalities noted in the medical record are six physical therapy visits noted in a November 18, 2014 progress note referencing six physical therapy visits in 2013 with minimal improvement. The injured worker is taking Effexor, gabapentin, omeprazole, naproxen and Menthoderm lotion. There is no documentation of chiropractic manipulation, acupuncture, home exercises. Additionally, there is no documentation the injured worker has a motivation to change and is willing to change their medication regimen. There is no documentation the injured worker is aware that successful treatment may change compensation and other secondary gains. Consequently, absent insufficient documentation with modalities to treat chronic pain other than 6 visits of physical therapy in 2013 along with documentation of the injured worker's motivation to change and a willingness to change the medication regimen, multidisciplinary evaluation elbow and forearm is not medically necessary.